MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number: 10/625,712

Filing Date:

Applicant(s):

* May be used for additional claims or amendments

CLAIMS	AS FILED Indep	AS FILED Depend	AFTER FIRST AMENDMENT Indep	AFTER FIRST AMENDMENT Depend	AFTER SECOND AMENDMENT Indep	AFTER SECOND AMENDMENT Depend
1	1		1			
2		1		1		
3		①		1		
4		①		1		
5		①		1		
6		①		1		
7		①		1		
8		①		1		
9		①		1		
10		①		1		
11		①		1		
12		①		1		
13		①		1		
14		①		1		
15	1		1	1		
16						
17		①		1		
18		①		1		
19						
20		①		1		
21		①		1		
22		①		1		
23	1		1			
24						
25		①		1		
26		①		1		
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48						
49						
50						
Total Indep	3		3			
Total Depend	26		26			
Total Claims	29		29			

CLAIMS	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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Total Indep						
Total Depend						
Total Claims						

Amended claims are 3, 4, 6-12, 14, 17, 18, 20-22 and 25-28